## DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

## **Provider Inspection Summary**

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

## **Facility Information**

Facility Name: PS LLC - FIRETHORN (0011178)

Address: 1209 FIRETHORN DR, WEST BEND, WI 53090

License Status: REGULAR

Licensed/Certified/Registered 01/01/2006

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

## **Survey History**

Survey ID: 0096121 End Date: 01/01/2006 Type: INITIAL Purpose: SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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